	963
. CLAIMS AS FILED - PART I SMALL ENTITY CO. (Column 1) (Column 2) TYPE CO. OR SI	OTHER THAN SMALL ENTITY
FOR NUMBER FILED NUMBER EXTRA RATE FEE F	RATE FEE
BASIC FEE 345.00 OR	690.00
TOTAL CLAIMS 25 minus 20= 5 X\$ 9= OR X	(\$18 =
	x78- 234
MULTIPLE DEPENDENT CLAIM PRESENT +130= OR +	-260=
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TO	OTAL 1, D/4
	OTHER THAN
CLAIMS HIGHEST PRESENT ADDI-	ADDI- RATE TIONAL FEE
	(\$18=
Independent · A Minus ··· Q = X39= OR	X78=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	-260=
	TOTAL
	DIT. FEE
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-	ADDI-
IMI) ///IV I REGINING I I NUMBER I SUCCEMI I I I I	RATE TIONAL FEE
Total	(\$18=
Independent · 5 Minus ··· 6 /= X39= OR	X78=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
	260=
14 & O)	TOTAL DIT. FEE
CLAIMS HIGHEST	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOtal Total Minus G TOTAL TO	ADDI- RATE TIONAL FEE
Total • 2 Minus • 2 = X\$ 9= OR X	K\$18=
Independent Minus () 1/2 X39= X	X78=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
J.,	260=
William with the state of the s	TOTAL DIT. FEE